



Health Care Provider Complaint Form

Attention: A complaint may be filed by the insured, their designee or guardian or any other person who is attempting to reconcile a grievance against an insurance company. Any person who files such a complaint or grievance under false pretenses may be subject to criminal or civil action as the law may allow.

Please Print Clearly:

Provider Name			Date
Attention		Phone	Fax
Address	City	State	Zip Code
	E-mail Address		
Patient Name (one patient per form)		Insured Name (if different from patient)	
Name of Insurance Company, HMO or Administrator			
Address of Insurance Company, HMO or Administrator		Group Name or Employer Name	
Policy Number	Claim Number	Date(s) of Service	
		Date Original Claim Submitted	
Type of Coverage: <input type="checkbox"/> Health or PPO <input type="checkbox"/> Medicare Supplement <input type="checkbox"/> HMO <input type="checkbox"/> Dental <input type="checkbox"/> Other (please specify) _____			
Do you have a provider agreement with the insurance company or HMO (either directly or through a PPA, IPA or PHO)? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you previously discussed this matter with the Division of Insurance Office of Consumer Health Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	

For Prompt Pay Complaints: You must attach verification of claim submittal and documentation of your efforts to obtain payment such as written correspondence between you and the company. You must also attach a copy of the patient's health insurance ID card and a copy of the uniform bill as follows:

UB-92—Hospitals and Institutional Claims
HCFA-1500—Physicians and all other providers
J510, J511 or J512 ADA Form—Dentists

For All Other Complaints: You must attach copies of correspondence between you and the company, a copy of the patient's health insurance ID card and a copy of the uniform bill as listed above.

Note: The release of individually identifiable health information may require written authorization from the patient.

Please state your complaint (attach all supporting documents and use Page 2 if necessary):

Important Notice: Complaints filed with the Division are confidential records and will not be released to any person or organization except the policyholder, insured or enrollee (or their designee) who originated the complaint or the party against whom the complaint has been filed.

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